

# **Standard Waiver and Assumption of Risk**

## **Fitness Club Participation Release**

I, the undersigned participant, acknowledge and agree that participation in activities, exercise programs, and use of equipment and facilities at [Fitness Club Name] involves inherent risks, including but not limited to the risks of injury, illness, permanent disability, and even death. I knowingly and voluntarily assume all such risks, both known and unknown, and take full responsibility for my participation.

## **Waiver of Liability**

In consideration for being permitted to participate in activities at [Fitness Club Name], I hereby waive, release, and discharge [Fitness Club Name], its directors, officers, employees, and agents from any and all claims, liability, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death that may be sustained by me or to any property belonging to me, whether caused by the negligence of the released parties or otherwise, while participating in club activities or using club facilities or equipment.

## **Medical Clearance and Consent**

I affirm that I am in good physical condition and do not suffer from any known disability or medical condition that would prevent or limit my participation in exercise activities. I understand and agree that it is my responsibility to consult with a physician prior to and regarding my participation. I consent to receive medical treatment in the event of injury or illness while at [Fitness Club Name].

## **Acknowledgement and Understanding**

I have read this Waiver and Assumption of Risk Agreement and fully understand its terms. I understand that by signing this document, I am giving up substantial rights, including the right to sue, and I sign it freely and voluntarily without any inducement.

Participant Signature

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Date

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Print Name

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If under 18, Parent/Guardian

Signature

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